Address Lexington County Department of Public Safety

Come meet
the men and women
of the
Lexington County
Emergency Medical Services
as they perform
lifesaving duties
in the communities
of Lexington County

See if you've got what it takes to answer the call!

FIND OUT TODAY

Lexington County
Emergency Medical Services

CITIZEN SHADOW & PRECEPT PROGRAM



A
behind-the-scenes
look at your
EMS Division
at work
in the community



Lexington County EMS Citizen / Student Shadow Program

The Lexington County Emergency Medical Services Division's Citizen / Student Shadow Program is designed to provide residents of Lexington County as well as Current Emergency Medical Services students an opportunity to observe first hand, the activities of Emergency Medical Technicians, Telecommunications Officers, and Administrative Staff of the Division as they perform their duties.

Participation Criteria & Selection

Any Resident of Lexington County who is at least 18 years old, has no criminal record, and agrees to the established program rules may participate in any of the three programs, or in all three. However, because we wish to accommodate as many citizens as possible, a separate application is required for every new request to participate in the program. Applicants who meet the criteria for participation will be notified and will be scheduled for participation in the program at a date and time that is acceptable by both the individual participant and the division.

The Programs

EMT SHADOW / CLINICAL PRECEPT PROGRAM: In this program, participants are permitted to accompany an EMS Crew for up to 12 hours during a regularly scheduled tour of duty in response to incidents and other assignments. Accommodation of request for specific response areas will be considered.

TELECOMMUNICATIONS SHADOW PROGRAM: In this program, participants are permitted to observe dispatch operations in the Divisions telecommunications center for up to four hours. Typically, participants see how limited resources are deployed and how various situations are handled by the Divisions response to both routine calls and critical incidents.

ADMINISTRATIVE / TRAINING SHADOW PROGRAM: In this program, participants observe activities and daily administrative duties performed by the EMS Director and Assistant Director, Shift Supervisors, and Training Officer. Participants are able to accompany administrative personnel throughout the day and become familiar with the administrative structure and format of the Division.

THE RULES

The specific ground rules for participation will be provided at the time participation assignments are made. Generally, these include:

- st Participants must obey the directives and guidance of the EMS crew they are assigned to precept with or shadow.
- * The Shadow Program identification tag must be workn at all times during participation.
- * No firearms may be carried while participating in any of the programs.
- * Participation may e terminated at any time by the Division or by the accompanied crew for operational reasons, safety concerns, or failure to observe established program rules.

Please accept my application for the Shadow / Precept Program selected below:	Precept Program selec	cted below:		:	
Shadow (ride along) EMS unit 🔲 Precept with EMS unit 📋 Shadow Telecommunications Center 📋 Shadow administrative or training division personnel	Shadow Telecommunications Cent	ter 🔲 Shadow administrativ	re or training	division per	onnel
Name:	SC Driver's License Number:	mber:			
Date of Birth:	Gender:	Race:			
Address:	Age: Social	Social Security Number:			
City: State:	Zip:	Phone Number:			
WAIVEK		APPROVAL	YES	9	
I, the undersigned, understand the inherent dangers associated with accompaniment of emergency	accompaniment of emergency	Driver's Record Verified			
medical services crews during the performance of their duty and I freely assume the risks thereof.	eely assume the risks thereof. I	Criminal History Verified			
will not hold the Lexington County EMS Division, the director, any employee, or the County of	mployee, or the County of	/			
Lexington liable for any injury, personal or property, sustained by me during participation in the	during participation in the	Approved			
Shadow Program					
(date) (si	(signature)	T. Brian Hood		date	